

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015941

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 102

FILED MAY 14 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Livingston

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ChillicotheLength of stay in 1b
40 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Chillicothe hospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Livingston

c. CITY OR TOWN Chillicothe

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
306 Second St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Cecil Frederick Bigelow

4. DATE OF DEATH

Month

Day

Year

May 5, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1/12/93

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Broom maker

10b. KIND OF BUSINESS OR INDUSTRY

Made brooms in his own shop.

11. BIRTHPLACE (City and state or country)

Livingston Co. Mo. USA

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William W. Bigelow

13b. MOTHER'S MAIDEN NAME

Lucinda Jewell

14. NAME OF HUSBAND OR WIFE

XX

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)

No

XX

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Ethel Pool, Chillicothe, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia - Bronchial Bifurcated

INTERVAL BETWEEN ONSET AND DEATH

4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cardiac Decompensation

5 days

DUE TO (c)

Coronary Sclerosis

1 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fracture R. Leg 1898 - Crippled ever since

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Apr. 1-62 to May 5-62 and last saw him alive on May 5-62
Death occurred at 2 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Joseph Conrad M.D.

22b. ADDRESS

Chillicothe, Mo

22c. DATE SIGNED

May 7-62

23. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5/8/62

23c. NAME OF CEMETERY OR CREMATORY

Edgewood cemetery

23d. LOCATION (City, town, or county)

Chillicothe, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Donald Gordon, Chillicothe, Mo.

25. DATE RECD. BY LOCAL REG.

May 7, 1962

26. REGISTRAR'S SIGNATURE

Annaliese Taylor

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard W. Bandall

Licensed Embalmer No. 4866

P. O. Address Chillicothe, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.